

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT:	

5. d. ☐ Obligor must pay child support for past periods and in the amounts set forth below:

<u>Name</u>	<u>Date of birth</u>	<u>Period of support</u>	<u>Amount</u>
-------------	----------------------	--------------------------	---------------

(1) ☐ Other (*specify*):

(2) ☐ For a total of: \$ _____ payable on the: _____ day of each month
beginning (*date*): _____

(3) ☐ Interest will accrue on the entire principal balance owing and not on each installment as it becomes due.

e. ☐ Obligor owes support arrears as follows, as of (*date*):

(1) ☐ Child support: \$ _____ ☐ Spousal support: \$ _____ ☐ Family support: \$ _____

(2) ☐ Interest is not included and is not waived.

(3) ☐ Payable: \$ _____ on the: _____ day of each month
beginning (*date*): _____

(4) ☐ Interest accrues on the entire principal balance owing and not on each installment as it becomes due.

f. No provision of this judgment/order may operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.

g. All payments must be made to (*name and address of agency*):

h. **An Order/Notice to Withhold Income for Child Support (form FL-195) must issue.**

i. ☐ Obligor ☐ Obligee must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and must keep the local child support agency informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health care services for the children; (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health care services for the children. If the "Obligor" box is checked, a *Health Insurance Coverage Assignment* (form FL-470) must issue.

j. Both parents must complete a *Child Support Case Registry Form* (form FL-191) and send (deliver or mail) it to the local child support agency within 10 days of the date of this judgment. The parents must notify the local child support agency of any change in the information submitted within 10 days of the change by submitting an updated form.

k. The form *Notice of Rights and Responsibilities* and *Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

l. ☐ The following person (the "Other Parent") is added as a party to this action under Family Code section 17404 (*name*):

m. ☐ Obligor must pay costs of (*specify*):
to (*specify*):

n. ☐ The court further recommends (*specify*):

Date:

6. Number of pages attached: _____

COMMISSIONER
☐ SIGNATURE FOLLOWS LAST ATTACHMENT

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
-------------------------------------------------------------------------	--------------

CLERK'S CERTIFICATE OF MAILING OR SERVICE

I certify that I am not a party to this cause and that

- ☐ **Personal service.** A true copy of this *Findings and Recommendation of Commissioner* was handed to the ☐ Petitioner/Plaintiff ☐ Respondent/Defendant ☐ Other parent at the hearing of this matter before the commissioner.
- ☐ **Mail.** A true copy of this *Findings and Recommendation of Commissioner* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the request was mailed at *(place)*: _____ California, on *(date)*:

Date:	Clerk, by _____, Deputy
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>